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CONFIRMATION NO. 6623

|                                    |                                                               |                     |                               |                                          |
|------------------------------------|---------------------------------------------------------------|---------------------|-------------------------------|------------------------------------------|
| <b>SERIAL NUMBER</b><br>10/526,067 | <b>FILING OR 371(c)<br/>DATE</b><br>02/28/2005<br><b>RULE</b> | <b>CLASS</b><br>455 | <b>GROUP ART UNIT</b><br>2681 | <b>ATTORNEY<br/>DOCKET NO.</b><br>Q86430 |
|------------------------------------|---------------------------------------------------------------|---------------------|-------------------------------|------------------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/JP03/10743 08/26/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2002-247917 08/28/2002

|                                                                                                                                             |                                      |                                 |                               |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no                                                        | <b>STATE OR<br/>COUNTRY</b><br>JAPAN | <b>SHEETS<br/>DRAWING</b><br>16 | <b>TOTAL<br/>CLAIMS</b><br>16 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                      |                                 |                               |                                    |
| Verified and<br>Acknowledged                                                                                                                | Examiner's Signature                 | Initials                        |                               |                                    |

**ADDRESS**

23373

**TITLE**

Mobile communication system, inter-frequency ho method, mobile station, base station, base station control device, and program

|                                        |                                                                                                                   |                                                                   |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>FILING FEE<br/>RECEIVED</b><br>1100 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
|                                        |                                                                                                                   | <input type="checkbox"/> 1.16 Fees ( Filing )                     |
|                                        |                                                                                                                   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |
|                                        |                                                                                                                   | <input type="checkbox"/> 1.18 Fees ( Issue )                      |
|                                        |                                                                                                                   | <input type="checkbox"/> Other _____                              |
|                                        |                                                                                                                   | <input type="checkbox"/> Credit                                   |